

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/089768		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10	1						60				
11	1						61				
12		2					62				
13		2					63				
14		2					64				
15		2					65				
16		2					66				
17		2					67				
18		2					68				
19		2					69				
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40		2					90				
41		2					91				
42		2					92				
43		2					93				
44		2					94				
45		2					95				
46		2					96				
47		2					97				
48		2					98				
49		2					99				
50		2					100				
AL	3						TOTAL IND.				
AL	36						TOTAL DEP.				
AL	29						TOTAL CLAIMS				